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ABSTRACT

A model program, Training, Rehabilitation, and Employment for Addicts in Treatment (TREAT), was conducted to coordinate the resources of community-based, employment-related services to help former drug addicts become productively employed. From 635 applications, ninety-five ex-addicts were randomly selected to receive training (experimental group) while a control group comprised of 100 applicants who would not receive training was also selected. The ninety-five program enrollees, through a cooperative effort involving several community employment-related services, were provided skills training (included automotive, building, and clerical skills), vocational counseling, and part-time job experiences. Fifty-two of these client trainees completed the program and twenty-five went on to secure full-time employment. For program evaluation purposes, structured interviews of the experimental and control groups were conducted at three points in time. Focus was on attitudes toward self, society, community, and job opportunities. The findings indicate that those who completed the program, when compared to the control group, felt less alienated from society, had developed more positive attitudes toward society, and had improved their expectations regarding job opportunities for ex-addicts. The results of this program demonstrates the value of pooling local community employment-related services in the treatment of drug addicts. (EM)

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SERVICES RESEARCH REPORT

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Skills Training and Employment for Ex-Addicts in Washington, D.C.

A Report on TREAT

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

The Services Research Reports and Monograph Series are issued by the Services Research Branch, Division of Resource Development, National Institute on Drug Abuse (NIDA). Their primary purpose is to provide reports to the drug abuse community on the service delivery and policy oriented findings from Branch-sponsored studies. These will include state-of-the-art studies, innovative service delivery models for different client populations, innovative treatment management and financing techniques, and treatment outcome studies.

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FOREWORD

The Services Research Branch, Division of Resource Development, National Institute on Drug Abuse, funded a one-year demonstration project with the District of Columbia, Department of Human Resources (DHR), to test the effectiveness of an innovative skills training and employment model during 1975-76. The Model, "Training, Rehabilitation, and Employment for Addicts in Treatment" (TREAT), included the provision of skills training by the Institute for Employment Training, Opportunities Industrialization Center (OIC), in the areas of automotive mechanics, building trades, and clerical work; vocational counseling was provided by the Bureau of Rehabilitation Services (BRS); and part-time job experiences were provided through the Comprehensive Employment and Training Act (CETA) Public Service Employment (PSE) program.

An evaluation was conducted by DHR research staff under the direction of Urbane F. Bass III. This report includes both the findings of the formal evaluation and some of the observations and comments of the TREAT project coordinator, Jan Woodward, and program staff.

The impetus for the design of the model and the initiation of the project came from the hard work of Sharon Arkin, formerly of the Narcotics Treatment Administration.

Deborah Hastings-Black
Chief, Supportive Services
and Evaluation Section
Services Research Branch

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SUMMARY

Services Research Report. Skills training and employment for ex-addicts in Washington, D.C.: A report on TREAT. Rockville, Maryland: National Institute on Drug Abuse, 1978.

During 1975-1976, the District of Columbia's Department of Human Resources conducted a one-year test of an innovative skills training and employment model, entitled "Training, Rehabilitation, and Employment for Addicts in Treatment" (TREAT). The model program--evaluated by the Department of Human Resources for the National Institute on Drug Abuse, Division of Resource Development's Services Research Branch under NIDA grant number H81-DA-01714--was designed to coordinate the resources of community-based, employment-related services to impact on the problem of assisting former drug addicts to return to productive employment in their communities. In the TREAT program, automotive, building, and clerical skills training was provided to a group of ex-addicts by the Institute for Employment Training, Opportunities Industrialization Center; vocational counseling was provided to the group by the Bureau of Rehabilitation Services; and part-time job experiences were provided through the Comprehensive Employment and Training Act (CETA) Public Service Employment (PSE) program.

Though some unanticipated problems prevented the TREAT program from operating as originally planned, 95 client trainees from the District of Columbia's Narcotics Treatment Administration were enrolled in the TREAT program. Of these 95 clients, 52 completed their training and 25 went on to secure full-time employment following their TREAT experience. Six months later, 96 percent of those who obtained full-time jobs were still employed.

The most significant findings of the program's evaluation concern the changes in the TREAT clients' attitudes towards society and alienation from the community. By the end of the program year, TREAT clients had significantly more positive attitudes toward society. In addition, while the TREAT client's actual job experiences were not significantly better than those of a comparable control group, by the end of the year the TREAT clients' outlook on job prospects for ex-addicts had improved significantly. (Over the same period, the control group's outlook on job prospects had actually declined slightly.)

This study demonstrates the value of pooling components of local community employment-related services to assist clients in drug abuse treatment. The cooperation between the city drug abuse treatment agency, the city CETA Public Service Employment Program, and the State Vocational Rehabilitation Agency resulted in a model in which ex-addicts were provided with skills training, a paid job experience, and vocational counseling. Participants clearly benefited from the TREAT experience in terms of drug abuse treatment outcomes, improved attitudes, improved employment and earnings during the program. The report highlights the need for careful screening and selection of motivated clients, the need for comprehensive vocational counseling to prepare clients for the requirements and responsibilities of employment, and the need to develop permanent job opportunities once the limited project training and part-time job experiences are completed.

SKILLS TRAINING AND EMPLOYMENT FOR EX-ADDICTS IN WASHINGTON, D.C.: A REPORT ON TREAT

Urbane F. Bass III and Janice A. Woodward

I. INTRODUCTION

In 1974, the Services Research Branch of the National Institute on Drug Abuse, Division of Resource Development, awarded a one-year demonstration grant to the District of Columbia Department of Human Resources to test an innovative vocational rehabilitation model using CETA public service jobs and State vocational rehabilitation counselors to provide services to drug abusers from the Narcotics Treatment Administration (NTA). The project, entitled "Training, Rehabilitation, and Employment for Addicts in Treatment" (TREAT), was administered by the Bureau of Rehabilitation Services (BRS).

The model was to provide 150 NTA clients with vocational rehabilitation counseling, skills training in the areas of automotive mechanics, building trades, or clerical work, and part-time on-the-job trainee positions. Efforts were made to secure full-time employment placements at the conclusion of the training. A control group of 100 NTA clients received regular treatment and counseling services.

Baseline information was collected and experimental and control groups were established. Measurements were taken at 6- and 12-month intervals during the program on the following issues:

- Retention in treatment
- Criminal activity
- Job stability and earnings
- Attitudes towards life and employment
- Attendance
- Program completion.

II. THE PROGRAM

THE CLIENTS

Clients were selected for participation in TREAT from the clinics of the District of Columbia's multimodality Narcotics Treatment Administration (NTA). As of September 1974, NTA had an enrollment of 1,707 clients, 55 percent of whom were unemployed.[1] To be eligible for consideration as a TREAT applicant, clients had to be enrolled at NTA, eighteen years old or over, and unemployed or underemployed as defined by the Comprehensive Employment and Training Act, Public Employment Program regulations. "Unemployed," according to the CETA/PEP regulations, means unemployed for 30 days prior to starting a CETA job; "underemployed" is defined as employed part-time and seeking full-time work or employed but earning less than the poverty level annual salary in the last 12 months.

TREAT staff provided briefings to staff at the NTA clinics on the scope and intent of the program and invited clients to submit applications indicating eligibility and areas of program interest. Clients were advised of the implications of the research design and that they might be selected as a participant or a control. Applications were submitted by 635 clients, 68 percent of the unemployed NTA clients. Of those, 65 percent were males and 35 percent were females. Vocational training preferences were indicated as follows: 46 percent clerical training, 38 percent building trades, and 16 percent automotive mechanics.

Clients for participation in TREAT were randomly selected from the 635 applications to fill 95 program slots (26 automotive trainees, 39 building trade trainees, and 30 clerical trainees). A control group of 100 clients was also selected from those who had filed application forms. The controls were advised that they would not receive training, but that they had been selected to participate in the research and that they would receive $10.00 each for three interviews (baseline, 6 months, 12 months).

THE PROGRAM

The original design called for the provision of training and part-time CETA funded jobs to 150 participants for 6-9 months. For the automotive mechanics and building trades areas, each participant was to receive a 6-month course of training and simultaneous on-the-job experience. Thus, two phases of training were planned with 50 clients in each. Since the clerical skills training required 9 months' training, only one phase of 50 clients was planned.

The actual program varied from the original design for a number of reasons. The major reasons stemmed from the difficulties encountered in securing a commitment to allocate the requisite number of CETA funded slots to the project and in identifying appropriate part-time jobs within city agencies. Table

1 indicates the final configuration of job slots, the agency/employers, projected clients, and actual clients. Each full-time job slot in the automotive skills and building trades categories was to be filled by four clients on a part-time basis for 6 months each (23 slots, 92 clients).

services and liaison with NTA treatment counselors, with the part-time job supervisors, and with potential full-time employers.

The two phases of automotive mechanics and building trades training and job experiences were initially designed to be identical.

TABLE 1

Agency/Employer	No. Job Slots	No. Planned Trainees	No. Clients Recruited	No. Trainees Completed Training
Automotive Mechanics				
Dept. of Environmental Services	6[a]	24		
Dept. of Highways and Traffic	2[a]	8		
SUBTOTAL	(8)	(32)	26	21
Building Trades				
National Capital Housing Authority	15[a]	60	39	18
Clerical Skills				
Dept. of Human Resources	25	25	30	13
TOTAL	48	117	95	52

[a]CETA funded full-time jobs

The classroom and skills training was provided through a contract with the Washington Institute for Employment Training, Opportunities Industrialization Center (OIC). Trainees attended classroom skills training one week and alternated the next week in the part-time job position. CETA-funded jobs were provided for the automotive mechanics and building trades trainees in the D.C. Department of Environmental Services (DES), the Department of Highways and Traffic (DHT), and the National Capital Housing Authority (NCHA). Since CETA jobs were not available in the clerical area, clerical jobs with maintenance stipends of $25.00 a week were provided through the Department of Human Resources.

In a departure from the usual Bureau of Rehabilitation Services practice, the three vocational counselors and the project coordinator were located at the OIC training site to provide daily support counseling

However, major developments between the two sessions prevented this. Therefore, the two phases will be described separately below.

Phase I: Automotive Mechanics

For the first phase, from March to August 1975, 36 trainees were recruited and eight full-time CETA job slots were secured in DES and DHT. Trainees were assigned to motor pool locations and were closely supervised by agency personnel. Twelve trainees (75 percent) completed the training. The four who did not complete the course were dropped from the program for one of the following reasons: incarceration, illness, or repeated failure to appear on the job or in class.

Phase I: Building Trades

Training and part-time work were provided to 30 trainees from March to August 1975. Fifteen job slots were provided by the NCHA to

renovate a house. The NCHA, however, did not supervise the trainees and they did not work alongside regular full-time workers. Instead, OIC provided on-the-job supervision. Thirteen trainees (43 percent) completed the training. The seventeen who did not complete the training were generally dropped from the program for either incarceration or failure to appear on the job or in class.

Phase II: Automotive Mechanics

The original plan had been that at the end of the 6-month training course, the Phase I trainees would move from the CETA jobs, which they occupied part-time, to full-time employment, thus vacating the slots for the Phase II trainees. Unfortunately, since some Phase I trainees were unable to secure full-time permanent government jobs due to a hiring freeze and some refused to leave for other identified full-time employment, the part-time CETA positions were not vacated as planned. Also, under CETA regulations the trainees could not be required to leave their positions until their one-year appointments expired.

The situation was further complicated by the fact that, unfortunately, in Phase II DHT and DES did not want to cooperate with TREAT in filling the few positions vacated through drop-outs during Phase I. (This change in attitude was precipitated by a criminal incident allegedly involving a TREAT trainee at DES during Phase I.) Thus, instead of the planned 16 clients for Phase II, TREAT recruited 10 trainees. Nine (90 percent) of the trainees completed training.

Phase II: Building Trades

At the end of the Phase I 6-months' training and job experience at the NCHA, the TREAT managers were faced with many of the same problems they encountered in the automotive mechanics training area. Those trainees who had remained in their CETA job for the 6 months did not want to vacate the position and could not be forced to do so. In addition, when over 17 trainees dropped out of Phase I and vacated eight positions, the CETA Public Service Employment Office reassigned the TREAT CETA positions to other city agencies.

For Phase II, nine trainees were recruited and, of those, five completed the course. Instead of CETA jobs, part-time evening jobs were located for the five trainees.

Clerical Training

From June 1975 to February 1976, clerical training was provided to 30 trainees. No CETA clerical jobs could be secured for these trainees. Instead, clerical work experience was provided at the Department of Human Resources with a weekly maintenance stipend of $25.00. Only 13 trainees (43 percent) completed the training. In most cases, the reason for noncompletion among the remaining 17 clients was failure to appear in class or on the job.

III. THE EVALUATION

METHODOLOGY

As discussed above, applications indicating interest in the TREAT program were submitted from 635 eligible unemployed clients of NIA. Of these, 95 were randomly assigned to the experimental group; 100 were randomly assigned as controls. A group of "alternates" were also identified and were used as replacements for 17 early drop-outs from the experimental group, who left TREAT prior to the onset of skills training. Later drop-outs were counted as drop-outs and were not replaced.

Statistical comparisons were conducted to determine whether any significant differences existed between experimentals and controls with regard to relevant demographic variables. No significant differences were found between groups for race, sex, age, education, marital status, number of prior arrests, age at first heroin use, length of heroin use, months enrolled in narcotics treatment program, voluntary program admission status, and number of months employed in past 2 years. It was noted (table 2) that more controls than experimentals (85 percent versus 75 percent) were enrolled in methadone maintenance ($X^2 = 6.64$; $df = 2$; $P < .05$). Despite the modality differences between the groups, the researchers considered the control group to represent an appropriate, randomly selected comparison.

TREAT research staff used structured questionnaires to interview experimental and control subjects. Experimental clients from Phase I were interviewed when they entered TREAT prior to the initiation of training, and 6 and 12 months later. Phase II experimental clients were interviewed when they entered TREAT, and 6 and 12 months later. Control clients were interviewed at 1-, 6-, and 12-month intervals.

TABLE 2

Characteristics of Experimental and Control Clients

Characteristics	Experimental (N=95)	Control (N=100)	P
% Black	98.0	95.0	NS
Average Age	27.3	28.3	NS
Average Education	10.4	10.6	NS
% Male	74.0	69.0	NS
% Married	26.0	26.0	NS
Average Number of Prior Arrests	3.5	2.7	NS
Average Age of 1st Heroin Use	18.8	20.9	NS
% Methadone Maintenance	74.7	85.0	.05
Average Number of Months in Treatment	37.4	39.6	NS
Average Number of Months Employed (Past 24 Months)	13.8	15.3	NS
Average Number of Dependents	1.3	1.4	NS
% Veterans	9.5	13.0	NS
% Medicaid	28.4	34.0	NS

The following five hypotheses were tested: The addition of the TREAT services (professional vocational rehabilitation counseling, skills training, and part-time job experience) to randomly selected unemployed clients enrolled in treatment would result in significantly:

A. improved responses to treatment program demands as measured by retention, completion of treatment, and negative urinalysis

B. lower levels of criminal activity as measured by verified arrest rates

C. greater levels of job stability, as measured by months employed, and earnings, as measured by current weekly wages

D. more positive attitudes toward self, society, and community

E. more positive outlooks regarding future job opportunities for ex-addicts.

Attitudes toward self, society, community, and job opportunities for ex-addicts were measured by the following standardized scales:

1. The Self-Image Scale (Conyers and Farmar 1968) to measure the degree of addict-clients' satisfaction with selves.

2. Sroles' Anomie Scale (Thrusz 1966) to measure the degree of hopelessness and social dysfunction or disorganization as felt by addict-clients.

3. A modified version of the original Bogardus Social Distance Scale to measure the degree of addict-clients' felt alienation from the community.

4. Cantril's Ladder Technique (Cantril 1963) to record addict-clients' judgments of past, present, and future job opportunities for ex-addicts.

Chi square and t-tests were used to analyze the data. The data was collected by four TREAT researchers using structured questionnaires to interview experimentals and controls at the three points in time (baseline, 6, and 12 months). Interviews were conducted individually and anonymously at the training site or at the subjects' treatment clinics. Questionnaires were completed at one sitting. Treatment activity data was provided by the NTA Program Data Division.

IV. FINDINGS

HYPOTHESIS A: *The provision of TREAT services to experimental clients will result in significantly improved response to treatment program demands as measured by retention in treatment, treatment completion, and negative urinalyses when compared with control clients.*

Examination of table 3 shows that slightly more controls (74 percent) were retained or completed treatment than experimentals (71.6 percent) during the 12-month study period. The difference between the groups was not statistically significant.

For clients not retained in drug treatment, study was made of the clinical notations indicating reason(s) for program termination. A large majority of the experimental group (66.7 percent) and control group (57.7 percent) clients not retained were found to have voluntarily withdrawn before completing treatment (table 4). In addition, 14.8 percent of the experimental group and 15.4 percent of the control group not retained were terminated due to arrest or incarceration. One experimental client and two control clients were administratively discharged from treatment either for alcohol abuse or disruptive behavior.

Urinalysis records of TREAT and control clients were examined for a 1-month period prior to entering the TREAT program. There was no statistical difference noted between the percentages of "clean" urines of experimentals (58 percent) and controls (53 percent). Table 5 indicates urinalysis results for experimental and control groups over the 12-month study period. Together, both groups submitted over 2,500 urine specimens for testing. The average number of urines per month was 2.6 for experimentals and 2.3 for controls. The experimental group (72.7 percent) had significantly more negative or "clean" urinalysis results during the 12-month period than the control group (60.7 percent) ($X^2 = 82.44$; $df = 1$; $P < .001$). Similar differences were noted in urinalysis results for the first ($X^2 = 43.48$; $df = 1$; $P < .001$) and second ($X^2 = 38.01$; $df = 1$; $P < .001$) 6-month followup periods.

Study was also made of the types of illegal drugs used by experimental and control subjects. Table 6 shows that 55.8 percent of the dirty urine specimens recorded for experimentals and 69.9 percent of the dirty urine specimens for controls showed evidence of morphine and/or quinine use only, or a combination of morphine and other illicit drugs. The most prevalent single drug of abuse for both groups was amphetamines. As indicated in table 6, amphetamines accounted for 39.1 percent of the dirty urines recorded for experimentals and 27.0 percent for controls. Less than three percent of the dirty urine specimens showed evidence of the use of cocaine, barbiturates, or codeine.

The group which dropped out of treatment, experimentals and controls, did not differ from the group which remained with regard to personal and family variables. However, more of those who dropped out tended to be younger, less educated, to have used heroin for a shorter period, to have been in treatment for a shorter period, and to have entered treatment involuntarily.

An additional comparison was conducted to measure impact on treatment outcome. A scale developed by NTA to measure its own treatment effectiveness was used. It consists of four major criteria, measured after 12 months in treatment (table 7). The treatment objectives NTA set for itself were: 1) retention in treatment program, as measured by recorded visits to the treatment facility; 2) abstinence from illicit drugs, as measured by urine surveillance[2]; 3) absence of arrests, as measured by the inspection of arrest records from adult correctional institutions of the District of Columbia[3]; and 4) employment, job training, or schooling, as measured by counselors' reports. As shown in table 7, the four criteria of treatment effectiveness were combined to permit comparison of experimentals and controls in terms of the numbers of clients being treated successfully.

Overall, significantly more experimentals (27.3 percent) than controls (13 percent) met all criteria of treatment effectiveness or left NTA after completing the course of treatment and were arrest free ($X^2=6.3$; $df=1$; $P<.02$). In addition, 43.2 percent of the experimentals and 60 percent of the controls were retained in treatment, but did not meet one or more of the treatment effectiveness criteria.

Of the 27 experimental subjects who dropped out of treatment, 13 or 48 percent also dropped out or were terminated from their training programs. (Fifty-two percent of the drop-outs continued in and completed their training programs.) There were no significant differences between experimentals and controls who dropped out of treatment in terms of age, sex, marital status, number of years used heroin, treatment admission status (voluntary or involuntary), or number of months in treatment.

Thus, hypothesis A was partially verified. While there was no significant difference between experimentals and controls for overall retention and/or completion of treatment, experimentals had significantly more clean or negative urinalysis results than controls during the 12-month study period. In addition, experimentals were more likely to meet NTA criteria of treatment effectiveness or to leave the program after completing a course of treatment and to remain arrest free.

HYPOTHESIS B: *The provision of TREAT services to experimental clients will result in significantly reduced criminal activity when compared to controls.*

The level of criminal activity was measured by utilizing official, verified arrest records to determine the number of subjects arrested for offenses other than traffic violations. While arrest records are not completely comprehensive, it was assumed that the chances arrestees would not go through the District of Columbia Jail would be equal for experimentals and controls.

Comparisons of arrest activities were made in two ways: percent arrested and arrests per person-year (i.e., average number of arrests for a member of a group during a 1-year period).

At the inception of the TREAT Program, 14 percent of the experimentals and 20 percent of the controls reported never having been arrested. Experimentals had been arrested an average of 3.5 times and controls 2.7 times. There was no statistical difference between groups with regard to prior arrest activity.

In the year prior to entry, 19 percent of the experimentals and 26 percent of the controls were arrested. However, during the year following entry, 11 percent of the experimentals and 22 percent of the controls were arrested. Despite the substantial decrease in arrest rates among experimentals as compared to controls during the year following entry, the overall change in arrest rates between groups was not found

TABLE 3

CLIENT RETENTION AND TREATMENT COMPLETION OVER 12 MONTHS

	Experimentals		Controls	
	Number	Percent	Number	Percent
Retained	58		70	70
Medical Completion	10		4	4
Not Retained	27	28.4	26	26
TOTAL	95	100%	100	100%

TABLE 4

TYPES OF DRUG TREATMENT PROGRAM TERMINATIONS

	Experimental		Control	
Arrest or incarceration	(4)	14.8	(4)	15.4
Withdrew before completing treatment	(18)	66.7	(15)	57.7
Death	(0)	0.0	(2)	7.7
Administrative discharge - alcohol abuse	(0)	0.0	(1)	3.8
Administrative discharge - disruptive behavior	(1)	3.7	(1)	3.8
Other	(4)	14.8	(3)	11.6
TOTAL	(27)	100.0	(26)	100.0

TABLE 5

URINALYSIS RESULTS OF EXPERIMENTALS AND CONTROLS[a/]

		First Six Months (No. of Urine Samples)			Second Six Months (No. of Urine Samples)			Total Twelve Months (No. of Urine Samples)		
		Clean	Dirty	Total	Clean	Dirty	Total	Clean	Dirty	Total
Experimental	No.	1072	388	1460	755	297	1052	1827	685	2512[b/]
	%	73.4	26.6	100.0	71.8	28.2	100.0	72.7	27.3	100.0
Control	No.	888	528	1416	672	480	1152	1558	1008	2566[c/]
	%	62.7	37.3	99.9	58.3	41.7	100.0	60.7	39.3	100.0

a/ The total number of NTA clients for which urinalysis results were available decreased (due to dropouts) between the first and second six month periods (from 95 to 67 for experimentals and from 100 to 83 for controls).

b/ Average No. Urines per month = 2.6

c/ Average No. Urines per month = 2.3

TABLE 6

TYPES OF ILLEGAL DRUGS USED BY EXPERIMENTALS AND CONTROLS

	Experimental		Control	
Quinine only	(34)	5.0	(50)	5.0
Quinine, morphine	(103)	15.0	(222)	22.0
Quinine, amphetamines	(71)	10.4	(71)	7.0
Quinine, morphine, amphetamines	(101)	14.7	(211)	20.9
Morphine only	(48)	7.0	(131)	13.0
Morphine, amphetamines	(21)	3.1	(20)	2.0
Amphetamines only	(268)	39.1	(272)	27.0
Cocaine only	(17)	2.5	(30)	2.9
Amphetamines, barbiturates	(18)	2.6	(2)	0.2
Quinine, morphine, codiene	(4)	0.6	(0)	0.0
TOTAL	(685)	100.0	(1008)	100.0

TABLE 7

TREATMENT STATUS OF EXPERIMENTALS AND CONTROLS

AT END OF TWELVE MONTHS

	Experimental		Control	
Retained; employed; arrest-free; at least 50% clean urine	(16)	16.8%	(10)	10.0
Left NTA; completed course of treatment; arrest-free	(10)	10.5	(3)	3.0
Retained; unemployed and/or arrested and/or less than 50% clean urine	(41)	43.2	(60)	60.0
Left NTA; did not complete course of treatment and/or arrested	(28)	29.5	(27)	27.0
Total	(95)	100.0	(100)	100.0

to be significantly different utilizing the McNemar test (experimental $Q^*=2.67$, df=1, $p < .05$; control $Q^*=0$, df=1, $p < .05$).

The generally low arrest rates for both groups, including the decreases noted in the year after entry, can be partly attributed to increased time in drug treatment. At the programs' inception, both groups had spent more than three years in treatment (3.1 years for experimentals and 3.3 years for controls).

Additional analysis of arrest per person-year shows a similar pattern. Experimentals were arrested less often than controls one year after entry. Experimentals showed a decrease of .09 arrest per person-year (down 33 percent) while the controls rate decreased .03 arrest per person-year (down 8 percent).

There were no significant differences noted between experimentals and controls regarding types of crimes with which they were charged (table 9). The proportion of acquisitive property crimes to more violent personal crimes was similar for both experimentals and controls.

Hypothesis B was, thus, partially verified.

HYPOTHESIS C: *The provision of TREAT services to experimental clients will significantly improve the level of job stability and earnings when compared to controls.*

The employment backgrounds of TREAT clients and controls for the two years prior to the study were examined. On the average, both experimental and control groups had held jobs for less than 12 of the past 24 months. However, 35 percent of the control group held no jobs during the 2-year period, compared to 21 percent of the experimental group. Of the experimental group, 51 percent held jobs for one year or less, contrasted with only 31 percent of the experimental group (table 10).

Further analysis of the employment histories indicated that approximately 65 percent of the previous employment experiences of both experimentals and controls were primarily in semi-skilled or unskilled occupations (table 11).

There were no statistical differences in average weekly earnings for the experimental ($120.82) or control ($123.60) groups. However, 92 percent of the experimental group earned less that $150 per week, as compared with 82 percent of the control group (table 12).

No significant differences were noted between experimental and control groups with respect to employment histories or work experiences during the last two years prior to the study. Both groups were employed for less than one of the past two years. On the average, the control group worked 12 months and the experimental group worked 9½ months.

TABLE 8

COMPARISON OF ARREST

	Experimentals (N=95)	Control (N=100)
% arrested one year prior to TREAT inception	19	26
Total number of arrest one year prior	26	39
Arrests per person-year one year prior	.27	.39
% arrested one year after inception of TREAT	11	22
Total number of arrest one year after	17	36
Arrests per person-year one year after	.18	.36

TABLE 9

CHARGES AGAINST EXPERIMENTALS AND CONTROLS

	Experimental		Control	
	Year Prior (N=18) %	Year After (N=10) %	Year Prior (N=26) %	Year After N=22) %
Against Person	22	30	19	27
Property	50	40	42	41
Drug	22	20	31	18
Other	6	10	8	14
Total	100	100	100	100

TABLE 10

MONTHS EMPLOYED IN LAST TWO YEARS

Months Employed	Experimental [a/] No.	%	Control [b/] No.	%
None	(20)	21.1	(35)	35.0
1-3	(7)	7.4	(5)	5.0
4-6	(8)	8.4	(9)	9.0
7-9	(6)	6.3	(5)	5.0
10-12	(18)	18.9	(12)	12.0
13-15	(5)	5.3	(11)	11.0
16-18	(14)	14.7	(4)	4.0
19-21	(4)	4.2	(5)	5.0
22-24	(13)	13.7	(14)	14.0
Total	(95)	100.0	(100)	100.0

a/ Average months employed = 10.8
b/ Average months employed = 9.5

TABLE 11

OCCUPATIONAL SKILLS FOR JOBS HELD IN LAST TWO YEARS

Occupational Skill	Experimental (N=95) %	Control (N=100) %
Professional	3.8	5.0
Clerical	22.3	20.8
Skilled	8.3	8.9
Semi-skilled	15.0	26.7
Unskilled	49.6	38.6
Total	100.0	100.0

TABLE 12

WEEKLY WAGES FOR JOBS HELD DURING LAST TWO YEARS

Weekly Wage	Experimental[a/] No.	%	Control[b/] No.	%
Under $100	(28)	37.3	(20)	30.8
$100 to $149	(41)	54.7	(33)	50.8
$150 to $199	(5)	6.7	(9)	13.8
$200 to $249	(1)	1.3	(1)	1.5
$250 and over	(0)	0.0	(2)	3.1
Total	(75)	100.0	(65)	100.0

a/ Average weekly wage = $120.82
b/ Average weekly wage = $123.60

During the TREAT program, 28 percent of the experimentals worked full-time at some point during the year (9/75 - 8/76), compared to only 14 percent of the controls (X^2=4.62; df=1, $p < .05$). About 10 percent of experimentals and 5 percent of controls were employed full-time in the first quarter, increasing to about 25 percent for experimentals and 16 percent for controls during the last quarter.

Employed experimentals worked an average of 35 weeks during the year and employed controls worked an average of 36 weeks.

The average weekly earnings for those weeks worked were significantly higher for experimentals ($151) than for controls ($127) (t=2.17; df=37; $p < .05$).

During the year, experimentals earned an average of $5,209. In contrast, controls earned an average of $4,580. Interestingly, there was no statistical difference between groups in terms of average yearly earnings.

Hypothesis C was thus partially verified in that TREAT clients' average weekly earnings were significantly higher and significantly more TREAT clients worked full-time during the year. However, overall TREAT clients and controls worked a similar average number of weeks.

HYPOTHESIS D: *The provision of TREAT services to experimental clients will significantly improve attitudes toward society, community, and self when compared to those of controls.*

Table 13 gives frequency of responses to the Srole Anomie Scale items which were designed to measure the degree of hopelessness and social dysfunction or disorganization. Some of the initial (first month) responses given demonstrated a high degree of hopelessness and fear. Of the experimentals, 67.3 percent and 73.3 percent of the controls agreed that "in spite of what some people say, the lot of the average man is getting worse, not better." Of the experimentals, 67.2 percent and 61.3 percent of the controls agreed that "These days, a person doesn't know whom he/she can count on." More than one-half of the experimentals (53.4 percent) and controls (53.3 percent) agreed that "It's hardly fair to bring children into the world with the way things look for the future." Two-fifths of the experimentals (41.4 percent) and controls (44.0 percent) agreed that "Nowadays, a person has to live pretty much for today and let tomorrow take care of itself." Finally, 43.1 percent of the experimentals and 62.7 percent of the controls agreed that "There is little use in writing to public officials, because they aren't interested in the problems of the average man."

In order to test whether experimental group attitudes toward society improved more significantly than controls, the number of affirmative replies given at time of the initial and the twelve month interviews were scored (table 14). Scores of 0, 1, or 2 were judged as "low anomie." At the time of the initial interview, slightly more experimentals (43.1 percent) than controls (34.6 percent)

TABLE 13

FREQUENCY OF REPLIES TO ANOMIE SCALE STATEMENTS

Anomie Statements	Experimental				Control			
	Initial		12 month		Initial		12 month	
	Agree %	Dis-agree %	Agree %	Dis-agree %	Agree %	Dis-agree %	Agree %	Dis-agree %
There is little use in writing to public officials because often they aren't interested in the problems of the average man.	43.1	56.9	62.1	37.9	62.7	37.3	64.0	36.0
Nowadays, a person has to live pretty much for today and let tomorrow take care of itself.	41.4	58.6	34.5	65.5	44.0	56.0	49.3	50.7
In spite of what some people say, life for the average man is getting worse, not better.	67.2	32.8	43.1	56.9	73.3	26.7	69.3	30.7
It's hardly fair to bring children into the world with the way things look for the future.	53.4	46.6	37.9	62.1	53.3	46.7	49.3	50.7
These days, a person doesn't really know whom he can count on.	67.2	32.8	58.6	41.4	61.3	38.9	78.7	21.3

fell in this grouping. One year later, appreciably more experimentals (58.5 percent) than controls (34.6 percent) measured "low anomie." Scores of 3, 4, or 5 were rated as "high anomie." Initially, 56.9 percent of the experimentals and 65.4 percent of the controls were in this grouping.

Scores one year later indicated many fewer experimentals (41.5 percent) falling in the group of "high anomie," while the proportion of controls so grouped remained static. Statistical analysis indicated no difference between groups on initial anomie responses. However, one year later, experimentals were found to have significantly lower level of anomie than controls (X^2=7.18; df=2; $p < .05$).

A revised Bogardus Social Distance Scale (see Appendix) was used to measure the degree of experimentals and controls felt alienation from the community. To test whether the experimental group's "felt alienation from the community" improved more significantly than the controls', respondents were asked: "How close are community members willing to have you?" relative to different social situations (table 15). Scores of 1 or 2 were judged as "little or no alienation." At the initial inquiry, 48.2 percent of the experimentals and 40.0 percent of the controls were in this grouping. After one year, slightly more experimentals (51.7 percent) and slightly fewer controls (38.7 percent) fell into this group. Scores of 3 or 4 were judgment as "moderate alienation." Initially, about one-third of the experimentals (36.2 percent) and controls (30.6 percent) fell in this category. One year later, the percentages were 6.9 percent and 24.0 percent respectively. There was no difference found between groups on initial social distance scores. At the 12-month period, experimentals expressed significantly less alienation from the community than controls (X^2=7.58; df=2; $p < .01$).

A Self Image Scale was used to measure the degree of experimentals' and controls' self-satisfaction. To test whether the experi-

TABLE 14

FREQUENCY OF SCORES ON ANOMIE STATEMENTS

	Initial		Twelve Month	
	Experimental %	Control %	Experimental %	Control %
Low Anomie Scores				
0	10.3	10.7	10.3	4.0
1	12.1	13.3	3.5	9.3
2	20.7	10.6	44.7	21.3
Subtotal	43.1	34.6	58.5	34.6
High Anomie Scores				
3	25.9	20.0	29.3	25.4
4	13.8	26.7	7.0	21.3
5	17.2	18.7	5.2	18.7
Subtotal	56.9	65.4	41.5	65.4
Total	100.0	100.0	100.0	100.0

TABLE 15

FREQUENCY OF RESPONSES TO BOGARDUS SOCIAL DISTANCE STATEMENTS

	Initial		Twelve Month	
	Experimental %	Control %	Experimental %	Control %
Little or No Alienation				
(1) in his family	10.3	12.0	22.4	10.7
(2) as close friend	37.9	28.0	29.3	28.0
Subtotal	48.2	40.0	51.7	38.7
Moderate Alienation				
(3) living in neighborhood	31.0	22.6	36.2	28.0
(4) working in same place	5.2	8.0	5.2	9.3
Subtotal	36.2	30.6	41.4	37.3
High Alienation				
(5) living in city	6.9	20.0	6.9	14.6
(6) as visitor in city	1.8	6.7	0.0	2.7
(7) out of his city	6.9	2.7	0.0	6.7
Subtotal	15.6	29.4	6.9	24.0
Total	100.0	100.0	100.0	100.0

mental groups' self satisfaction improved more significantly than controls', subjects were asked to check the statement which came closest to their feelings about themselves (table 16). Scores of 0 to 1 indicated desire for "substantial or complete change" and were rated as "low self-image satisfaction." Initially, about two-thirds of the experimentals (60.4 percent) and controls (64.0 percent) fell in this grouping. One year later, less than 37.9 percent of the experimentals and 52 percent of the controls were in this grouping. Scores of 3 or 4, indicating desire for "few or hardly any changes," were rated as "high self-image satisfaction." At initial interview, 39.6 percent of the experimentals and 36 percent of the controls fell in this grouping. One year later, the percentages were 62.1 percent for experimentals and 48 percent for controls. Statistical analysis indicated no significant differences between groups during the initial or 12-month period in regard to self-image satisfaction.

Additional analysis was undertaken to identify positive, negative, or no change in responses to self-image scores from the initial to the 12-month period. While experimentals' ratings of self did not improve (change) more significantly than controls', the degree of change at the end of the year tended toward significance ($X^2=4.64$; df=2; $p < .10$).

Hypothesis D was partially verified. Experimentals' attitudes toward society and community improved significantly more than controls during the one-year study period. Differences in self-image scores did not achieve significance; however, improvement in experimentals' self-image tended toward significance.

HYPOTHESIS E: ***The provision of TREAT services to experimental clients will significantly improve clients' expectations of job opportunities for ex-addicts when compared to controls.***

Cantril's ten-point ladder technique was utilized to assess subjects' assessments of past job opportunities (five years ago), their judgment of the present, and their expectations for the future (five years from now).

There was no difference noted between ladder ratings of job opportunities for ex-addicts between the two groups at time of the initial survey (table 17). Both groups showed a prevalence of hope for the future and a sense of progress from the past to the present: 2.1 steps on the ladder for experimentals and 1.6 steps for controls.

At the 12-month followup, the attitudes of experimentals toward present and future job opportunities were favorable, while the outlook for the control group had slightly declined. Over the 10-year period embraced in the 12-month ladder responses, the experimentals expressed an expectation of greater total progress than controls: 3.1 steps on the ladder from the past into the present for experimentals and 1.0 steps for controls.

Of interest is the degree of change between the initial and the 12-month ladder ratings. Change in subjects' judgments of job opportunities for ex-addicts past to present and present to future were tabulated for the initial and 12-month study periods. Experimentals judgments of past to present job opportunities for ex-addicts improved significantly during the 12-month period (McNemar $Q^*=4.3$; df=1; $p < .05$). No significant improvements were noted for controls during the 12-month period. There were no significant changes in experimentals or controls' judgments of present to future job opportunities for ex-addicts during the 12-month study period.

Hypothesis E was verified. Experimentals' outlook on the progress from past to present job opportunities for ex-addicts improved significantly, while controls' outlook declined slightly during the 12-month study period.

OTHER ANALYSES

In addition to the analyses described above addressing the specific hypotheses, study was made of TREAT training terminations and a comparison of TREAT clients to OIC trainees was conducted.

TREAT Terminations

Table 18 summarizes reasons for TREAT Program terminations, as reported weekly by the TREAT vocational rehabilitation staff. Cumulatively, about one-third of terminations were "with cause" and two-thirds "without cause." Resignations accounted for the largest category of terminations. Most resignations occurred because of excessive absenteeism and when trainees knew they were behind in their classroom activity and were about to be terminated. Others left because they were dissatisfied with their classroom/CETA job rotation schedules; still others, because they simply found it too difficult

to adjust to the daily "nine to five" routine.

Excessive absenteeism was the most common reason for termination "with cause"; resignation was the most common in the "without cause" category. Arrest/incarceration constituted the third largest category (12 percent) and medical illness the fourth (10 percent).

This analysis suggests that many trainees maintained good attendance and performed adequately at their job training sites, but were habitually tardy or absent for formal classroom training. The incidence of this behavior would be highest following payday weekends.

Comparison of TREAT and OIC Trainees

A representative sample of 28 OIC nonaddict trainees participating in similar skills training programs was selected by the research staff to compare with TREAT trainees with regard to training performance, rate of program completion, absenteeism, and job placement.

Statistical comparisons were conducted between the three TREAT skills training groups (automotive mechanics, building trades, and clerical) and the OIC comparison group with regard to relevant demographic variables. No differences were found between groups for race, education, marital status, number of prior arrests, and number of months employed in the past two years. However, OIC comparisons were found to be about 4 years younger than the experimentals (24 years versus 28 years).

Table 19 indicates the percentage of TREAT trainees that completed their respective programs by skills training category. The OIC trainees were not reviewed by category. Overall, 55 percent of the three TREAT groups completed their vocational training regimen. Only the TREAT auto mechanics group, with 81 percent completing training, compared favorably to the overall OIC comparison group, which had 86 percent completing training. Forty-six percent of the TREAT building trades trainees and 43 percent of the clerical trainees completed training.

Table 20 shows the percentage of TREAT program trainee graduates placed in jobs by vocational group and overall OIC graduate placements. Forty-eight percent of the three TREAT skills groups completing training were placed in jobs. Again, only the TREAT auto mechanics group, with 71 percent of those completing training placed in jobs, compared favorably with the OIC comparison group in which 75 percent of those completing training were placed in jobs. Twenty-eight percent of the TREAT building trades and 38 percent of the clerical trainees were placed in jobs.

All of the OIC comparison clients placed were placed in jobs within the private employment sector. On the other hand, 14 or 56 percent of the TREAT trainees were placed in the private sector and 11 or 44 percent in the public sector.

Average weekly wages for the three TREAT skills groups (auto mechanics, $160; building trades, $139; and clerical, $137) were higher than for the average OIC comparison group ($127).

As a means of assessing the psycho-social impact of TREAT, four attitudinal scales--the Sroles' Anomie Scale, Self Image Satisfaction Scale, Bogardus Social Distance Scale, and the Cantril's Ladder Technique applied to job opportunity perception--were administered to all participants (discussed above) and the OIC comparison group at program inception and again one year later.

At intake, there were no differences between scores of the three experimental groups and OIC comparison group on any scale (table 21). One year later, scores for the four major groups showed no statistical difference for Anomie scores or Job Opportunity Perception scores. Self-image scores were significantly higher for automotive trainees ($X^2=7.24$; $df=1$; $p < .01$) and OIC comparisons ($X^2=5.57$; $df=1$; $p < .02$) when compared to building trades trainees scores. Bogardus scores were also significantly lower than building trades scores ($X^2=4.58$; $df=1$; $p < .05$). Scores for all four groups improved appreciably over time. There was a notable decrease in anomie and community alienation scores, and an increase in self-image satisfaction scores. Perceptions of current and future (five years from now) employment opportunities also improved during the 12-month period.

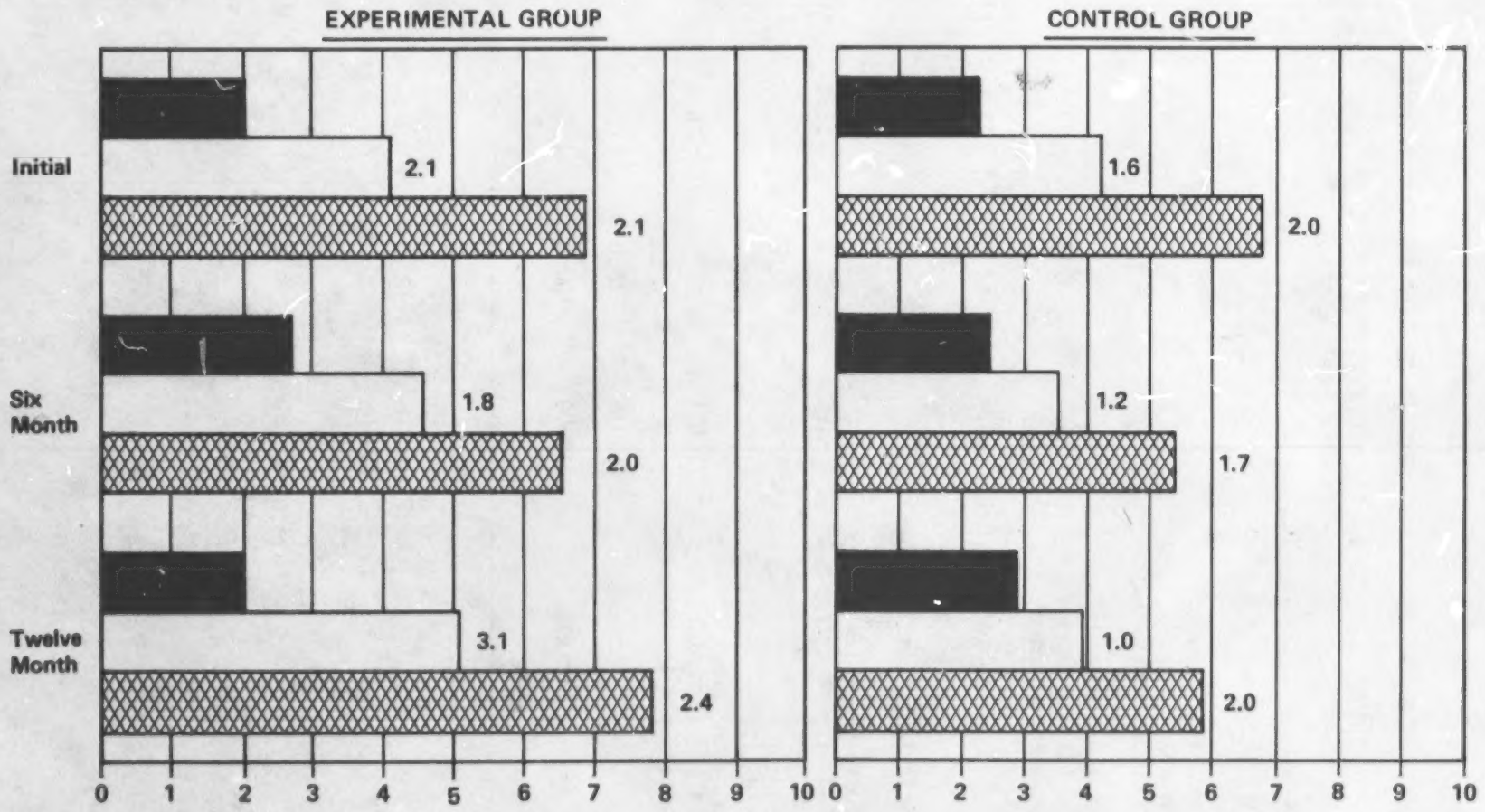
Thus, overall, the OIC sample of trainees appeared to secure more tangible benefits from the training than did the TREAT clients. The differences may be explained by the differences in the levels of motivation of the participants. In addition, the OIC trainees were part of a permanent program with a staff to assist in job development and placement activities, while the TREAT program services terminated at the end of the 12-month period.

TABLE 16

FREQUENCY OF RESPONSE TO SELF IMAGE SATISFACTION STATEMENTS

	Initial		Twelve Month	
	Experimental %	Control %	Experimental %	Control %
Low Self Image Satisfaction				
(1) I don't like myself the way I am; I'd like to change completely.	20.7	26.7	8.6	17.3
(2) There are many things I'd like to change, but not completely.	39.7	37.3	29.3	34.7
Subtotal	60.4	64.0	37.9	52.0
High Self Image Satisfaction				
(3) There are a few things I'd like to change, but not too many.	34.5	32.0	55.2	44.0
(4) I'd Like to stay very much the same; there is almost nothing I would like to change.	5.1	4.0	6.9	4.0
Subtotal	39.6	36.0	62.1	48.0
Total	100.0	100.0	100.0	100.0

TABLE 17
JOB OPPORTUNITIES FOR EX-ADDICTS: PAST, PRESENT, AND FUTURE



JOB OPPORTUNITY RATINGS were obtained on the initial, six, and twleve month questionnaires from experimentals and controls. The bars indicate responses to the questions on "job opportunities" for ex-addicts five years ago (▬), at the present time (▭), and five years from now (▩). Numbers at the end of the bars show increments from past to present and present to future.

TABLE 18

TREAT CUMULATIVE TERMINATIONS

	Experimentals Total N=43 %		Experimentals Total N=43 %
WITH CAUSE	33	WITHOUT CAUSE	67
Absenteeism	14	Resignation	43
Arrest/Incarceration	12	Illness/Medical	10
Child Care Problem/Pregnancy	4.5	Death	8
Disorderly Behavior	2.5	Moved	4
		Other	2

TABLE 19

COMPLETION OF TRAINING BY TREAT AND OIC TRAINEES

	Auto Mechanics No.	%	Building Trades No.	%	Clerical No.	%	TOTAL No.	%	OIC Comparison No.	%
Completed Training	(21)	81	(18)	46	(13)	43	(52)	55	(24)	86
Did Not Complete Training	(5)	19	(21)	54	(17)	57	(43)	45	(4)	14
Total	(26)	100	(39)	100	(30)	100	(95)	100	(28)	100

TABLE 20

JOB PLACEMENT OF TREAT PROGRAM GRADUATES BY VOCATIONAL GROUP AND OIC COMPARISONS

	Auto Mechanics No.	%	Building Trades No.	%	Clerical No.	%	TOTAL No.	%	OIC Comparison No.	%
Placed	(15)	71	(5)	28	(5)	38	(25)	48	(18)	75
Not Placed	(6)	29	(13)	72	(8)	62	(27)	52	(6)	25
Total	(21)	100	(18)	100	(13)	100	(52)	100	(24)	100

TABLE 21

INITIAL AND TWELVE MONTH ATTITUDE SCALE

RESPONSES BY VOCATIONAL GROUP

	Auto Mechanics		Building Trades		Clerical		OIC Comparison	
	Initial	12 Mo.	Initial	12 Mo.	Initial	12 Mo.	Initial	12 Mo.
% Low Anomie	48	66	38	56	41	54	41	55
% Little or No Alienation	52	59	28	39	39	46	66	75
% High Self-Image	48	62	33	50	38	53	66	66
Job Opportunity Assessment								
Present	3.7	5.0	4.0	5.2	3.3	4.5	4.4	6.1
Future (+ Five Years)	6.5	6.4	6.9	7.6	6.2	7.2	5.4	8.5

V. DISCUSSION

TREAT Staff Opinions on Operations and Outcomes

From March 1975 to March 1976, ninety-five (95) client trainees were enrolled in the TREAT program. Of the 95, 52 clients completed training. Of the 52 who completed training, 25 clients secured full-time employment and 27 trainees were not placed in full-time jobs at the termination of their CETA positions. Of those placed in permanent jobs, 96 percent remained employed 6 months later. Comments on the project procedures and outcomes were solicited from the vocational counselors and TREAT project staff to supplement the more formal evaluation of clients.

Staff were concerned that the eligibility and screening criteria used for the selection of TREAT clients were not adequate. The first phase of the program included clients with very low motivation. Many participants were prompted to sign up for the program as a result of pressure from treatment counselors, pending court appearances, or conditions of probation. The low motivation was reflected in the poor class attendance once the paying jobs started. Clients' pay was tied to attendance at work, not classroom attendance. In contrast to the Phase I clients, the staff considered the Phase II clients to be more highly motivated. The fact that paying jobs could not be identified for most Phase II clients screened out those who were only interested in the stipend and not interested in the training and work experience.

The staff attributed the low motivation and high absenteeism of TREAT clients to the following problems:

- Lack of real interest in work or training
- Difficulties in securing child care
- Emotional, personal, and domestic problems
- Poor study and work habits
- Inability to follow through and low tolerance of program requirements.

The staff believed that clients would have benefited from more individual counseling. They found the group sessions that were provided to be inappropriate to handle the types of problems for which the clients needed assistance. In addition, based on the staff comments concerning the demands and dependency of the clients, it would seem important to provide vocational and job counselors with specific training on how to work with ex-addict clients.

CLIENT OUTCOMES

Though some unanticipated problems prevented the program from operating as planned, the TREAT clients clearly benefited from the work and training experiences in a number of different ways. While the experimental TREAT clients were not more likely to be retained in treatment than the control clients, they were more likely to meet the NTA criteria of treatment effectiveness or to have left the program after completing treatment and to remain arrest free. In addition, experimentals were found to be less involved in drug use and criminal activities than the controls.

With regard to time worked and earnings, a significantly greater percentage of experimentals worked full time during the program year and earned significantly higher weekly pay than controls. However, overall, experimentals and controls worked a similar average number of weeks during the year.

The most significant findings concern the changes in the experimental TREAT clients' attitudes toward society and alienation from the community. By the end of the program year, experimentals felt significantly less alienated from the community and had significantly more positive attitudes towards society than they had at the beginning of the program. On both counts, at the start of the program, experimentals and controls had registered similar levels of alienation and negative attitudes toward society. The controls' attitudes did not change significantly over the year. In addition, while the experimentals' actual job experiences were not significantly better than those of controls, by the end of the year their outlook on job prospects for ex-addicts had improved significantly, while the controls' outlook declined slightly.

This study demonstrates the value of pooling components of local community employment-related services to assist clients in treatment. The cooperation between the city drug abuse treatment agency (NTA), the city CETA Public Service Employment Program, and the State Vocational Rehabilitation Agency (BRS) resulted in a model in which ex-addicts were provided with skills training, a paid work experience, and vocational counseling. Participants clearly benefited from the experience in terms of drug abuse treatment outcomes and improved attitudes, employment,

and earnings during the program. The study highlights the need for the careful screening and selection of motivated clients for participation in such employment-related programs, the need for comprehensive vocational counseling to prepare clients for the requirements and responsibilities of employment, and the need to develop permanent job opportunities once the limited project training and job experiences terminated.

ENDNOTES:

1. The unemployment figure was based on an evaluation of 500 (sample) clients conducted by the NTA Research Unit in 1973 and released as an agency document: D.C. Narcotics Treatment Administration, Bureau of Research & Development: Client Functioning In The Narcotics Treatment Administration. Washington, D.C., 1973.

2. Urines were taken under treatment clinic staff members' observation and then were tested for the presence of methadone, heroin, other opiates, cocaine, barbiturates, amphetamines, and quinine. Any evidence of quinine, whether alone or in combination with other drugs, was interpreted as evidence of heroin use.

3. Included here are all persons arrested on felony charges and virtually all persons arrested for nontraffic misdemeanors. However, arrest outside of the District of Columbia would be known to the research staff only to the extent they preceded arrest recorded by the District of Columbia correctional units.

APPENDIX

Revised Bogardus Scale*

A modified version of the original Bogardus Scale of social distance was utilized to measure the degree of addict-clients felt alienation from the community. NTA has successfully standardized its version of the Scale against the original using 15 judges. The seven attributes or categories used by Bogardus to represent continuants of social distance were revised: (1) to simplify the jargon and (2) to be more reflective of felt alienation from the community as opposed to felt alienation from a national perspective. (A copy of the revised scale follows.)

Bogardus Original	NTA Revised
1. To close kinship by marriage	1. in his/her family
2. To my club as personal chums	2. as his/her close friend
3. To my street as neighbors	3. living in his/her neighborhood
4. To employment in my occupation	4. working in the same place as he/she does
5. To citizens in my country	5. living in his/her city
6. As visitors only in my country	6. as a visitor in his/her city
7. Would exclude from my country	7. out of his/her city

REVISED BOGARDUS SCALE

Place a check next to the statement that best describes how close you think the average person in the community would be willing to have you.

_____ in his/her family

_____ as his/her close friend

_____ living in his/her neighborhood

_____ working in the same place as he/she does

_____ living in his/her city

_____ as a visitor in his/her city

_____ out of his/her city

*Developed by Barry S. Brown, Ph.D., while associated with the Narcotics Treatment Administration, Washington, D.C.

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